

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/07/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155093		X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		X3) DATE SURVEY COMPLETED 03/18/2011	
NAME OF PROVIDER OR SUPPLIER GIBSON GENERAL HOSPITAL-SNF				STREET ADDRESS, CITY, STATE, ZIP CODE 1808 SHERMAN DRIVE PRINCETON, IN47670			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F0000	<p>This visit was for a Post Survey Revisit [PSR] to the Recertification and State Licensure Survey completed on February 3, 2011.</p> <p>Survey dates: March 17-18, 2011</p> <p>Facility number: 000036 Provider number: 155093 AIM number: 100269640</p> <p>Survey team: Sue Webster, RN, TC Diane Hancock, RN Jodi Meyer, RN</p> <p>Census bed type: SNF/NF: 37 Total: 37</p> <p>Census by payor type: Medicare: 2 Medicaid: 27 Other: 8 Total: 37</p> <p>Sample: 6</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 3/24/11 by Suzanne</p>			F0000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	Williams, RN						

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F0333 SS=D	<p>Based on observation, interview and record review, the facility failed to ensure 1 of 24 residents observed during the medication pass was free of significant medication errors, in that the wrong type of insulin was drawn up to administer. (Resident #35)</p> <p>Finding includes:</p> <p>On 3/17/11 at 12:00 noon, RN #1 was observed to draw up 20 units of Novolin N [intermediate insulin, starts working 1-3 hours after administration] to administer to Resident #35. After drawing up the medication and setting up two oral medications, RN #1 closed the medication book and headed toward the resident's room. She was stopped at that point and returned to the medication cart to check the Medication Administration Record [MAR]. She reviewed the MAR and stated, "Did I draw up N? It was supposed to be Regular insulin." She proceeded to dispose of the syringe with the Novolin N insulin and drew up Humulin R 20 units and administered it into the abdomen of Resident #35.</p> <p>Resident #35's clinical record was reviewed on 3/17/11 at 2:35 p.m. The physician's orders, signed on 3/5/11, indicated the following order: "Novolin</p>		F0333	<p>April 5, 2011 Kim Rhoades Director Long Term Care 2 North Meridian Street Indianapolis, IN 46204 Re: Survey of March 18, 2011 Dear Ms. Rhoades Enclosed is our Plan of Correction and Suggestion of Compliance for the survey which was completed on March 18, 2011. All comments and attachments to Form CMS 2567 constitute our written allegation of compliance. We would like to thank the Inspectors for the professional manner in which they conducted the survey. Sincerely, Marsha Richardson, RN, HFA Administrator SNF MLR; MR Attachments Cc: Emmett Schuster, GGH President, CEO Peggy Jines, R.N., D.O.N. Submission of this plan of correction shall not be constitute or be construed as an admission by this facility that the allegations in this survey report are accurate or reflect accurately the provision of nursing care and service to the residents of Gibson General Hospital SNF. This facility requests the following plan of correction be considered its allegation of compliance. 1. What corrective action will be accomplished for those residents found to be affected by the deficient practice? There was only one resident (#35) that was found to have had the potential to be affected, but was not given the medicine. The insulin drawn up</p>		04/08/2011	

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	<p>Regular Ins. [short acting insulin] 20 units subq [subcutaneous] 12:00 noon."</p> <p>The Director of Nurses provided the policy and procedure for Administration of Medications, dated 10/11/99, on 3/18/11 at 12:55 p.m. The policy regarding insulin indicated the following: "Equipment: A. Insulin syringe and needle B. Alcohol sponge C. Prescribed Insulin" "It is desirable to have insulin dosage checked by another nurse."</p> <p>3.1-25(b)(9) 3.1-48(c)(2)</p>				<p>was discarded as indicated. The corrected dose was then drawn up and given as indicated. There was no effect to the resident. An additional 20 medication administrations were observed and we were found to be compliant. The resident's MAR was reviewed for legibility, correct dose, and correct insulin. All were verified and in order.2. How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action will be taken? Any resident that receives insulin, which was the drug in this instance, would have the potential to be affected should they receive the wrong dose. All resident's with one or more than one insulin were reviewed for clarity of the order, dose ordered, and correct entry on the MAR. Those resident's medications, MAR, and dose will be checked by another nurse prior to administration.3. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? a. We have a practice of reviewing insulin with another nurse prior to giving. From that day forward, the DON has reinforced that insulin is not to be given without a verification by another nurse on duty, including during survey. It was reinforced that during survey, our practices</p>		

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					<p>should not deviate from the norm. The check is to include the bottle of the medication that was drawn up, the syringe for dosage verification, and the MAR for verifying the correct insulin. b. All are acknowledging their responsibility for having insulin checked by another nurse prior to giving indicated by their signature on a signature sheet with the directive. c. Policy has been revised to be more specific, in that "it is desirable" has been changed to "will be". Attachment A, pages 3 and 4. Inservice provided by the Pharmacist will be conducted on April 4 for the licensed nursing staff to reinforce safe practices in medication administration. 4. How will the corrective action be monitored to make sure it doesn't recur? The DON or her designee will observe insulin administration as a part of our current QA for medication administration. A random med pass will be monitored 1x weekly for correct insulin preparation and administration for a minimum of 2 residents and will be added to the current tool and QA form. Findings will be evaluated and reported quarterly to the Performance Improvement Committee. Attachment B and Attachment C.5. Completion date is April 8 for systemic changes.</p>		